

ONLINE COURSE: VERIFICATION REVIEW



Released September 2014

Revised March 2015

“Student Eligibility- Verification” is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education. This guidance reflects guidance provided by USDA and ADE policy at the time this course was released.

WEB-BASED COURSE

OBJECTIVES

- ▶ Provide an overview of the verification process.
- ▶ Provide detailed information regarding each of the steps of verification.
- ▶ Provide sponsors with links to additional resources.

ONLINE ASSESSMENT INSTRUCTIONS

At the conclusion of this presentation, you will be asked to complete an online assessment to check for understanding.

You will need to answer 8 out of 10 questions correctly in order to receive credit for completing this course.

ADE staff will review the results and mail a certificate of completion within 10 business days for those who correctly complete the assessment.

For those who do not get 8 out of 10 questions correctly, the assessment will need to be attempted until 8 out of 10 answers are correct.

WHAT IS VERIFICATION?

Verification is confirmation of eligibility on the household application for free and reduced price meals under the NSLP and SBP.

Remember....

All year, applications are approved at face value.

A small sample of applications is selected and documentation is requested from the household to verify that the information on the application is accurate.

Verification creates a check to see if households are accurately reporting their household status.

OVERVIEW OF THE PROCESS

PHASE 1 PREPARE



Review the NSLP Eligibility Checklist.

Organize all approved applications.

Count the total number of applications subject to verification.

PHASE 2 CALCULATE & SELECT

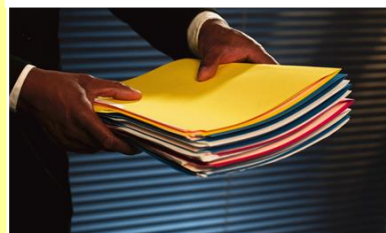


Review the NSLP Non-Response Rate Report to determine if you qualify for administrative relief.

Calculate the number of applications to be verified.

Select the applications that will be verified.

PHASE 3 VERIFY



Print a Verification Tracker Form for each application to be verified.

Conduct Direct Verification.

Contact households who are not a Direct Verification match.

PHASE 4 REPORT



Log in to Common Logon and submit the report in CNP Verification.

WHEN DOES VERIFICATION HAPPEN?



SEPTEMBER

Prepare

- Review the NSLP Eligibility Checklist.
- Organize all approved applications.
- Count the total number of applications subject to verification.



OCTOBER 1 – NOVEMBER 15

Calculate, Select and Verify

- Calculate the number of applications to verify and select applications
- Conduct Direct Verification
- Contact households (when necessary)
- Review documentation that is submitted



FEBRUARY 1

Report

- Submit the online verification report to ADE

RESOURCES FOR VERIFICATION

The ADE website provides a variety of resources and information related to verification.

Visit this link and mark it as one of your favorites if you are responsible for conducting verification.

<http://www.azed.gov/health-nutrition/nsip/verification/>

PHASE I

PREPARE FOR VERIFICATION

SEPTEMBER – OCTOBER I

PHASE I

PREPARE FOR VERIFICATION

- ▶ Before you can begin verification, you must first organize all eligibility documents and count them accurately.
- ▶ Begin by completing the **NSLP Eligibility Checklist**, and contact your specialist if you have questions about any of the items listed.

The Checklist can be found on the [NSLP Verification Webpage](#).

- ▶ It is also a good idea to run a new Direct Certification match on or around October 1. This will ensure the information used in verification is the most up to date information about your students.

PHASE I

PREPARE FOR VERIFICATION

- Update your Benefit Issuance Document to reflect the most up to date information available.
- Ensure your documentation is categorized appropriately, and prepare to count all household applications on file as of October 1.

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [your school, homeless liaison, migrant coordinator at phone #] HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐ If completing this section, fill out Box A and Box B in Part 2.

PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.	
Names of all household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDIPIR or TANF Cash Assistance, provide the case number and skip to Part 3.	Check if a foster child (legal responsibility of welfare agency or court) If completing this section skip to Part 3.	Check if NO income	TOTAL HOUSEHOLD GROSS INCOME	
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) or Every Other Week (bi-wk) or Monthly (mo) or Twice a Month (bi-mo) or Annually/Yearly (yr)	
					Earnings From Work before deductions	All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)
					How much	How Often
					wk bi-wk mo bi-mo yr	wk bi-wk mo bi-mo yr
1. Lucy Hayes			<input type="checkbox"/>	<input type="checkbox"/>	\$ 250	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
2. Rutherford Hayes			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> \$ 700 <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
3. Rose Hayes			<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4. Caroline Hayes	Dry Desert Elem		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5. Christina Hayes			<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Box G. If Part 2, Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)
Last four digits of Social Security Number: * * * * - 1 5 9 9 ☐ I do not have a Social Security Number

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
Sign here: _____ Date: _____
Print name here: _____
Address: _____
City: _____ State: _____ Zip: _____
Code: _____ Phone Number: _____

PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)
Choose one ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
Choose one or more (regardless of ethnicity): ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
Total Income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year Household Size: _____
☐ Error-Phone ☐ Case # Application ☐ Categorically Eligible ☐ Directly Certified - Attach to match result ☐ Selected for Verification (see attachments)

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____
Date Notice Sent: _____
Date Withdrawn: _____

PHASE I

COUNT YOUR APPLICATIONS

- ▶ Determine the number of applications you have on file.
 - ▶ October 1-
 - ▶ Run CNP Direct Certification and update the BID.
 - ▶ If any students on the direct certification match list also submitted a household application, be sure to file the application with the Direct Certification files.
 - ▶ **These applications are NOT counted toward the verification sample.**
- ▶ The chart on the next slide shows all the ways students might be eligible for meal benefits. Only the items noted in blue font are subject to verification.

PHASE I

DETERMINE WHICH APPLICATIONS ARE SUBJECT TO VERIFICATION

Verification Counting Cheat Sheet The applications shown in blue are subject to verification and should be included in your counts.		Eligibility Status	Directly Certified and not subject to verification	Subject to Verification
Household Applications	Case # Application	Free		✓
	Foster Application	Free		✓
	Income Application- Free	Free		✓
	Income Application- Reduced	Reduced		✓
	Income Application- Paid	Paid		
	Applications with at least one student who is a “Match” on DC at any time during the current school year.	Free	✓	
Other	CNPDirect Certification match results	Free	✓	
	Homeless/Migrant/Runaway Application	Incomplete, Must confirm with a liaison		
	Notice to Provider	Free	✓	
	Confirmed homeless/runaway/migrant	Free	✓	
	Head Start/Even Start Enrollment Roster	Free	✓	
	TANF/FDPIR Agency Letter	Free	✓	
	SNAP Agency Letter	Free		
	SNAP Agency Letter “Zero Benefits”	Cannot accept to determine eligibility		

PHASE 2

CALCULATE AND SELECT APPLICATIONS

BEGINNING OCTOBER 1

PHASE 2

Determine your non-response rate and choose your calculation method

- ▶ Only a small percentage of the applications received are verified.
- ▶ To choose the calculation you will do to figure out how many applications to select for verification, review the ADE Non-Response rate report.
- ▶ This report shows the percentage of families selected for verification did not respond in each LEA.

PHASE 2

Non-response rate report and administrative relief

On the non-response rate report, SFA names highlighted in **GREEN** qualify for administrative relief.

- ▶ Administrative relief means the LEA had a low percentage of households who did not respond to the verification process during the prior school year.
- ▶ They are eligible to select the calculation method they will use to determine the number of applications to verify.
- ▶ LEAs who do not qualify for administrative relief must use Standard Sampling method

The ADE Non- response Rate Report can be found here:

<http://www.azed.gov/health-nutrition/nslp/verification/>

PHASE 2

CHOOSING YOUR SAMPLING METHOD

The sampling method is the calculation used to determine **how many** applications you need to select for verification.

- Always round up at the end of the calculation.
- Exclude Directly Certified and all PAID applications.

SFAs who do not qualify for
Administrative Relief use:

- ▶ Standard Sampling

SFAs who qualify for
Administrative Relief can choose from:

- ▶ Standard Sampling
- ▶ Alternate 1- Random
- ▶ Alternate 2- Focused

PHASE 2

SAMPLING METHOD CALCULATIONS

Standard Sampling

Used by all new SFAs and those who do not qualify for administrative relief

Verify 3% of the applications.

You must choose from the error-prone applications.

Random Sampling (Alternate 1)

SFAs who qualify for administrative relief can choose to use this calculation.

Verify 3% of the applications, but choose them at random. They do not need to be error-prone.

Focused Sampling (Alternate 2)

SFAs who qualify for administrative relief can choose to use this calculation.

Verify 1% of the total applications (choose from error-prone),
PLUS
0.5% of the case number applications.

PHASE 2

STANDARD SAMPLING METHOD DETAILS

- ▶ **Standard Sampling Method:** You must use this method if you are a new sponsor, or if you do not qualify for administrative relief.
- ▶ You must select 3% of your applications to verify.
- ▶ **They must be error-prone applications.**
 - ▶ Error prone applications are those where the income falls within the error-prone range for income and household size.
 - ▶ This should have been noted when the applications were initially certified.
 - ▶ If the error-prone applications were not previously identified, you will need to print the error-prone guidelines, review all applications, and indicate which ones are error-prone.

Total # approved applications X .03 = # of applications to verify.

PHASE 2

STANDARD SAMPLING METHOD EXAMPLE

The example school district has:

1100 income applications

62 of them are **error-prone**

72 Case Number Applications

2 Foster Household Applications

This is a total of 1174
applications on file

$$\underline{1174} \times .03 = \underline{35.22}$$

Always round UP.

36 applications to verify

*Must select from error-prone
applications.

If you do not have enough error-prone applications to
meet the requirement, you must verify all the error-
prone applications, then select additional applications at
random to meet the required number

PHASE 2

ALTERNATE 1- RANDOM SAMPLING METHOD DETAILS

Only for Sponsors qualified for Administrative Relief

- ▶ Must select **randomly from all** case number and free/reduced-price income applications.
- ▶ No need to identify error-prone applications.

Total # approved applications $\times .03$ = # of applications to verify.

PHASE 2

ALTERNATE 1- RANDOM SAMPLING METHOD EXAMPLE

The example school district has:

1100 income applications

62 of them are **error-prone**

72 Case Number Applications

2 Foster Household Applications

This is a total of 1174
applications on file

$$\underline{1174} \times .03 = \underline{35.22}$$

Always round UP

36 applications to verify.

Must **randomly** select from ALL
paper applications.

PHASE 2

ALTERNATE 2- FOCUSED SAMPLING METHOD DETAILS

Part A

- ▶ Select 1% of the total applications from error prone applications

Total # approved applications (paper applications) $\times .01$ = # of error prone applications to verify.

Plus...

PHASE 2

ALTERNATE 2- FOCUSED SAMPLING METHOD DETAILS

Part B

- ▶ Select 0.5% of the total applications from case number applications

Total # case number applications $\times .005 =$
of case number applications to verify.

PHASE 2

ALTERNATE 2- FOCUSED SAMPLING METHOD EXAMPLE

The example school district has:

1100 income applications

62 of them are **error-prone**

72 Case Number Applications

2 Foster Household Applications

This is a total of 1174 applications on file

1% of total applications :

$$1174 \times .01 = 11.74$$

0.05% of case number applications :

$$72 \times 0.005 = .36$$

ALWAYS ROUND UP.....

- ▶ Dry Desert Elementary must select 12 error-prone income applications,
 - ▶ and
- ▶ 1 case number application to verify.

PHASE 2

SAMPLING METHOD COMPARISON

HOW DOES IT MAKE A DIFFERENCE?

The example school district has:

1100 Income Applications

62 of them are error-prone

72 Case Number Applications

2 Foster Household Applications

Standard

3% Total

=36
Applications
(choose from
error prone)

Alternate 1
(Random)

3% Total

=36
Applications
(choose from total
randomly)

Alternate 2
(Focused)

1% total from error
prone + 1/2% of case
number applications

= 13
applications
(12 error prone + 1
case number
application)

PHASE 2

ONLINE VERIFICATION CALCULATOR

- ▶ ADE also has an online verification calculator.
- ▶ Choose your sampling method, then enter your application counts. The calculator will determine the number of applications you need to select for verification.
- ▶ Be sure you have counted your applications accurately before using the calculator.
- ▶ <http://www.ade.az.gov/cnpverification/verification/calculator.htm>

Arizona Department of Education

CNP - Verification Sample Size Calculator

ADE Home Page | Health & Nutrition Services | Verification Information | Guidance Manuals | Common Logon

Instructions

Standard Sampling

Random Sampling

Focused Sampling

This Verification Sample Size Calculator is provided as a tool to help you ensure that your **minimum** Verification sample size is calculated correctly.

Each Sponsor must determine which Verification sampling method they are qualified to use by first finding their **Verification Non-Response Rate** from the previous school year, and then by answering the questions in the **Verification Method Decision Tree**. This information can be found at:

<http://www.ade.az.gov/health-safety/cnp/nsip/verification/>

After determining the sampling method you intend to use, select the appropriately labeled tab above, and then enter the number of approved applications on file as of October 1st, per the instructions given. The number of applications you are required to verify will automatically be calculated based on the information you enter.

Once the **minimum** Verification sample size has been calculated, Sponsors must select the required number of applications accordingly, based on the sampling method used, as instructed here.

Refer to the **Free and Reduced-Price Policy Handbook** and the **Verification Guidance Manual** for additional details regarding the Verification process. This information can be found at:

<http://www.ade.az.gov/health-safety/cnp/nsip/guidancemanual/>

PHASE 2

SELECT APPLICATIONS TO VERIFY

- ▶ Use the total number of applications and the appropriate sampling method to calculate the number of applications that need to be verified.
- ▶ Randomly select the applications that will be verified.
 - ▶ Remember:
 - ▶ Standard sampling- Select from error-prone applications.
 - ▶ Alternate 1- Select applications at random
 - ▶ Alternate 2- Select error prone and case number applications.

PHASE 3

VERIFY SELECTED APPLICATIONS

OCTOBER 1 – NOVEMBER 15

PHASE 3: CONDUCT VERIFICATION

- ▶ Print off the **ADE Verification Tracking Form** for each application to be verified.

The Tracking Form can be found on the [NSLP Verification Webpage](#)

- ▶ This tracking form provides step by step guidance for how to conduct verification.
- ▶ Print and attach this form to each application being verified. It is a simple way to stay organized and track all verification activities.

PHASE 3

CONDUCT VERIFICATION

VERIFICATION TRACKING FORM

Step by step guidance for verification

Place to indicate the original determination and application info

Space to track each verification activity

Place to indicate the results of verification

VERIFICATION TRACKING FORM PHASE 3: VERIFY

Attach to each application selected for verification with a copy of all documents from household.

Number of Students on Application: _____ Error Prone: ☐ Yes ☐ No

Original Determination was (check one):

☐ Free Eligible Based on Categorical Eligibility (Case # SNAP/TANF/FDPIR or Foster)

☐ Free Eligible Based on Income/Household Size Information

☐ Reduced-Price Eligible

Step 1 ☐ Identify your *confirming official*. This person will double check that the application was certified correctly. Cannot be the same person who initially certified the application.

Results of Confirmation Review (Select ONE):

☐ Confirmed Original Determination, no change in benefits
Continue to Step 2.

☐ Changed from Reduced to Free
Notify household of increased benefits, change benefits within 3 days, continue to Step 2.

☐ Changed from Free to Reduced
Do not change benefits, do not contact household; continue to Step 2.

☐ Changed to PAID
Notify household of paid benefits, change benefits after 10 calendar days of letter sent and remove this application from verification sample. Select new application for verification. (Start again with Step 1 with new application and new tracking form.) Date eligibility status updated on BID: _____ (after 10 calendar days of letter sent)

Step 2 ☐ Conduct Direct Verification, Results (Select ONE):

☐ Match in Column: DES Results - Print off results and attach to this tracking form. Verification is complete. STOP. Do not change benefits and do not contact the household.

☐ No Match in Column: DES Results - Print off results, attach to tracking form. Continue with Step 3.

Now contact the household

Step 3 ☐ Send First Verification Notice _____ (sent date) Requesting Documentation returned by: _____

**If no response by household by given due date, must follow up with household*

☐ Second Verification Notice/called/email _____ (date)

☐ Follow-up official must sign and date household application

Step 4 ☐ Results of Verification (Select ONE):

☐ Responded, no change in benefits
Send Letter of Verification Results (confirming no change) and attach to this tracking form. _____ (date)

☐ Responded, original determination changed to Free
Send Letter of Verification Results and attach to this tracking form _____ (date)

☐ Responded, original determination changed to Reduced
Send Letter of Verification Results and attach to this tracking form _____ (date)

☐ Responded, original determination changed to Paid
Send Letter of Verification Results and attach to this tracking form _____ (date)

☐ No response after follow up, original determination changed to Paid
Send Letter of Verification Results and attach to this tracking form _____ (date)

*Changes in Benefits due to Verification: Increased benefits changed within 3 days, decreased benefits changed within 10 calendar days of letter sent.

PHASE 3

STEP 1: CONFIRMATION REVIEW

- ▶ The Confirmation Review is the first step of verification.
 - ▶ A school official who **did not** make the original eligibility decision looks at the application and confirms that the correct eligibility was assigned when the application was certified. This person is the confirming official.
 - ▶ Refer to the tracking form for guidance on what to do when the initial eligibility determination is incorrect.
- ▶ The confirming official must sign and date the bottom of the household application after it is reviewed.

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION) <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.</i> Sign here: _____ Date: _____ Print name here: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ e-mail: _____	PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
<div>DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice a Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year <input type="checkbox"/> Error-Prone <input type="checkbox"/> Case # Application <input type="checkbox"/> Categorically Eligible <input type="checkbox"/> Directly Certified – Attach to match result <input type="checkbox"/> Selected for Verification (see attachments)</div> <div>Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____ Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____ Follow-Up Official's Signature: _____ Date: _____ Date Notice Sent: _____ Date Withdrawn: _____</div>	



PHASE 3

STEP 2: DIRECT VERIFICATION

- ▶ Direct Verification is a computer matching system that searches for matches between the information entered and the DES database of families and children who receive assistance benefits.
- ▶ Note: This sounds similar to direct certification, but it is a different process.

Direct Verification \neq Direct certification

See the next slide for a comparison of direct certification and direct verification.

DIRECT CERTIFICATION VS DIRECT VERIFICATION

WHAT'S THE DIFFERENCE?

Please note the important differences between direct certification and direct verification, noted by underlines below.

Direct Certification	Direct Verification
Available all school year.	Available only during Verification (starting Oct. 1-November 15)
Required to <u>conduct at least three times</u> during the school year.	Required to <u>conduct once</u> during Verification.
All enrollment must be run through the system.	<u>ONLY students on the applications selected for Verification</u> may be run in the system.
Results a “Match” = student and all household members are FREE.	Results a “Match” = student and all household members are verified. <u>Eligibility does not change.</u>
Runs student data through the Department of Economic Security (DES).	Runs student data through the Medical Assistance Database and Department of Economic Security (DES)
<u>Cannot search case numbers</u> provided on applications	<u>Can search case numbers</u> provided on applications

PHASE 3

STEP 2: DIRECT VERIFICATION

- ▶ You should only search for matches among the students selected for verification.
 - ▶ You are **not allowed** to search for all students in the Direct Verification system.

Detailed instructions for how to complete Direct Verification can be found at the link below:

<http://www.azed.gov/health-nutrition/files/2012/01/direct-verification.pdf>

PHASE 3

STEP 3: CONTACT HOUSEHOLDS WHO ARE NOT A DV MATCH

- ▶ For those households that do not match in direct verification, documentation that supports the information on their application will need to be provided by the household.
- ▶ Send the Notification of Verification letter and document the date it was mailed.

The letter can be found at this link:

<http://www.azed.gov/health-nutrition/nslp/verification/>

- ▶ Be sure to include the date a response is due.

PHASE 3

STEP 3: CONTACT HOUSEHOLDS WHO ARE NOT A DV MATCH

- ▶ **If a household does not respond by the given due date, you must follow up with the household.**
- ▶ **Send a second notification of verification letter and document the date the letter was sent. Again, be sure to include a response due date in this letter.**
- ▶ **Also be sure to have the follow up official sign and date the bottom of the household application.**

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION) <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.</i> Sign here: _____ Date: _____ Print name here: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ e-mail: _____	PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice a Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household Size: _____ <input type="checkbox"/> Error-Prone <input type="checkbox"/> Case # Application <input type="checkbox"/> Categorically Eligible <input type="checkbox"/> Directly Certified – Attach to match result <input type="checkbox"/> Selected for Verification (see attachments)	
Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____ Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____ Follow-Up Official's Signature: _____ Date: _____ Date Notice Sent: _____ Date Withdrawn: _____	



PHASE 3

STEP 4: RESULTS OF VERIFICATION

- ▶ For households that respond compare the documentation provided with the information listed on the household application.

A list of acceptable documentation can be found at this link:

<http://www.azed.gov/health-nutrition/files/2012/01/step-three-appendix-c-sources-of-acceptable-income-documentation.pdf>

- ▶ For income applications, be sure to look at the **gross income**, not the net income.

PHASE 3

STEP 4: RESULTS OF VERIFICATION

- After verifying each application, mark the appropriate box on the verification tracking form.

Option	What it means
Responded, no change in benefits	Documentation provided supports the information listed on the application.
Responded, original determination changed to free	Documentation provided does not support the information listed on the application. The documentation provided <u>increases</u> the student's benefits.
Responded, original determination changed to reduced	Documentation provided does not support the information listed on the application. The documentation provided <u>decreases</u> the student's benefits.
Responded, original determination changed to paid	Documentation provided does not support the information listed on the application. The documentation <u>decreases</u> the student's benefits.
No response, original determination changed to paid	The household did not provide any documentation for verification and as a result, the student goes to paid.

PHASE 3

STEP 4: RESULTS OF VERIFICATION

- ▶ After reviewing the documentation and marking the correct results, notify the households of the outcome of verification.

The notification letters can be found at this link:

http://www.azed.gov/health-nutrition/files/2012/06/letter-of-verification-results-english_14-15.pdf

- ▶ Update your BID:
 - ▶ **10 calendar days** after the letter is sent to reflect the new benefits for students whose benefits decreased as a result of verification.
 - ▶ **3 calendar days** after the letter is sent for students whose benefits increased as a result of verification.

THE END OF PHASE 3...

NOVEMBER 15

ALL VERIFICATION ACTIVITIES SHOULD BE
COMPLETED

PHASE 4

SUBMIT THE VERIFICATION REPORT

REPORT IS DUE BY FEBRUARY 1, 2015

PHASE 4

SUBMIT THE VERIFICATION REPORT ONLINE

- ▶ All verification activities should be completed by November 15.
- ▶ On November 16, begin preparing to submit the verification report online.
 - ▶ Count the [number of applications as of October 1.](#)
 - ▶ Review your BID and/or files for all the following, report number of [students as of October 31.](#)
 - ▶ Total number of students,
 - ▶ Total number of SNAP matches,
 - ▶ Total number of TANF matches, and Foster matches,
 - ▶ Total number of students who are confirmed as homeless/migrant/runaway,
 - ▶ Total number of confirmed foster students who are not on the DC match list,
 - ▶ Total number of SNAP letters you received (not case number applications).

PHASE 4

SUBMIT THE VERIFICATION REPORT ONLINE

- ▶ Also count the total number of:
 - ▶ Approved case number applications (as of 10/1)
 - ▶ Approved income applications – Free (as of 10/1)
 - ▶ Approved income applications- Reduced (as of 10/1)

- ▶ Total number of students eligible for:
 - ▶ Free meals (as of 10/31)
 - ▶ Reduced price meals (as of 10/31)

PHASE 4

SUBMIT THE VERIFICATION REPORT ONLINE- PART I

- ▶ Log in to Common Logon and click on CNP Verification.
 - ▶ Request Common Logon permissions by completing the form found at [this link](#).
- ▶ Report the student and application counts listed on the previous slides in Part I of the report.

Part I: Enrollment, Application, and Eligibility Information (Pre-Verification)

CNP Verification 2013-2014 - All
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- Report all **Application** counts on this page as of **October 1st**.
- Report all **School, RCCI, and Student** counts on this page as of **the last operating day in October**.

Section 1 -- Total Schools, RCCI's, and Enrolled Students

**** ALL SFA's must report Section 1 ****

1-1/A. Total Number of Schools (Do NOT include RCCI's):	1
1-1/B. Total Number of Students in Schools (Do NOT include RCCI's):	10000
1-2/A. Total Number of RCCI's (Do NOT include Schools counted in 1-1):	0
1-2/B. Total Number of Students in RCCI's (Do NOT include Schools counted in 1-1):	0
1-2a/A. Number of RCCI's WITH Day Students:	0
1-2a/B. Number of Students in RCCI's WITH Day Students (Report ONLY Day Students in 1-2a/B):	0
1-2b/A. Number of RCCI's with NO Day Students:	0
1-2b/B. Number of Students in RCCI's with NO Day Students:	0

Section 2 -- SFA's with Schools operating Alternate Provisions

PHASE 4

SUBMIT THE VERIFICATION REPORT ONLINE- PART 2

- Log in to Common Logon and report the results of verification in part 2 report.

Part II: Results of Verification

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- For 5-7/A and 5-7/B, report the number of **Applications** and **Students** confirmed through Direct Verification with SNAP/TANF/FDPIR/MEDICAID as of **November 15th**.
- For each Original Benefit Type 5-8/A, 5-8/B, and 5-8/C, report the number of **Applications** and **Students** as of **November 15th** for each result category 1, 2, 3, and 4. Do NOT include Applications or Students already reported in 5-7/A or 5-7/B.
- For VC-1, report the number of **Applications** as of **November 15th** Verified for Cause in addition to the Verification requirement, or skip if not applicable.

Section 5 -- Verification Process and Results

**** ALL SFA's must report Section 5 or answer "Yes" to question 5-1 if applicable ****

5-1. Exempt from Verification:

• No - Not Exempt

- Answer "No" if ANY ONE OR MORE of the Schools and/or RCCI's in the SFA are required to perform Verification.
- Answer "Yes" only if ALL of the Schools and RCCI's in the SFA are exempt from Verification (see instructions for list of exemptions).
- If "Yes", skip the remainder of Section 5.

5-2. Was Verification performed and completed?

• Yes - On Time

- Answer "Yes - On Time" if Verification was completed by November 15th.
- Answer "Yes - Delayed" if Verification was completed after November 15th.
- Answer "No" if Verification was NOT performed or the process was NOT completed.

PHASE 4

SUBMIT THE VERIFICATION REPORT ONLINE

- Once you have entered all the information for the report, click the submit link to submit the report.



PHASE 4

ALL VERIFICATION REPORTS ARE DUE BY FEBRUARY 1

- ▶ You can submit the verification report online anytime between November 16 and February 1.
- ▶ Any LEAs who have not submitted the report by February 1 will be placed on hold and will not receive any reimbursements until the report is submitted.
- ▶ ADE will be hosting workshops to assist with submitting the report. We strongly encourage you to attend one of those workshops to ensure your report is submitted on time and correctly.

EVALUATION

- ▶ This concludes the online course, Verification Review.
- ▶ If you would like to receive a certificate of completion, please click the link below and complete the online assessment.

Comprehension Assessment Link

<https://www.surveymonkey.com/s/LNGQBH5>

- ▶ Reminder: You must answer 8 out of the 10 questions correctly to receive your certificate. You may complete the assessment as many times as needed.